

# Best Available Copy

| <b>CLAIMS ONLY</b> |          |      |                        |      |                        |      | SERIAL NO.   | FILING DATE |
|--------------------|----------|------|------------------------|------|------------------------|------|--------------|-------------|
|                    |          |      |                        |      |                        |      | APPLICANT(S) |             |
| <b>CLAIMS</b>      |          |      |                        |      |                        |      |              |             |
|                    | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |              |             |
|                    | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |              |             |
| 1                  |          |      |                        |      |                        |      |              |             |
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| 100                |          |      |                        |      |                        |      |              |             |
| TOTAL IND.         | 3        | ↓    |                        | ↓    |                        | ↓    |              |             |
| TOTAL DEP.         | 6        | ←    |                        | ←    |                        | ←    |              |             |
| TOTAL CLAIMS       | 9        |      |                        |      |                        |      |              |             |
| TOTAL IND.         |          | ↓    |                        | ↓    |                        | ↓    |              |             |
| TOTAL DEP.         |          | ←    |                        | ←    |                        | ←    |              |             |
| TOTAL CLAIMS       |          |      |                        |      |                        |      |              |             |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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